2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

May 23, 2008 8:00 am Secretary of State DOCUMENT # L06000119422 1. Entity Name 05-23-2008 90159 003 ***143.75 FAIRFIELD OFFICE LLC Principal Place of Business Mailing Address 695 31ST STREET SOUTH ST. PETERSBURG FL 33712 695 31ST STREET SOUTH ST. PETERSBURG FL 33712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-8102559 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOWMAN, DANIEL 695 31ST STREET SOUTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33712 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or primed name of redistored agent and title 4 applicable tNOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10, ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE Channe Addition NAME BRANDES, MARY L NAME STREET ADDRESS 695 31ST STREET SOUTH STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG FL 33712 CITY+ST-ZiP MGRM DIME ☐ Delete TITLE ☐ Channe ☐ Addition NAME HOOKER, DONNA E NAME STREET ADDRESS STREET ADDRESS 695 31ST STREET SOUTH CITY-ST-ZIP CITY - ST - ZiP SAINT PETERSBURG FL 33712 TITLE ☐ Delete HitcE ☐ Change Addition BOWMAN, DANIEL S NAME STREET ADDRESS STREET AUDRESS 695 31ST STREET SOUTH CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33712 MGR TITLE ☐ Delete ☐ Change Addition RUSSEL P. BRANDES 695 31ST ST. SOUTH NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG, FC. 33712 TITLE ☐ Delete THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Bunde SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

Mase

FILED